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| Form DC-135A | | Commonwealth of Pennsylvania Department of Corrections | |
| INMATE'S REQUEST TO STAFF MEMBER | | INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently. | |
| 1. To: (Name and Title of Officer) <u>Mr. Campopiano (Unit Manager)</u> | | 2. Date: <u>4/27/05</u> | |
| 3. By: (Print Inmate Name and Number) <u>Anthony DeFranco C2-3518</u> <u>Anthony DeFranco</u> Inmate Signature | | 4. Counselor's Name <u>Mr. Zimmerman</u> | |
| 6. Work Assignment | | 5. Unit Manager's Name <u>Mr. Campopiano</u> | |
| | | 7. Housing Assignment <u>C/A 16</u> | |
| 8. Subject: State your request completely but briefly. Give details. <u>Mr. Campopiano,</u> <u>thank you for taking the time to</u> <u>stop at my cell this afternoon to let me know that</u> <u>the institutional staff have approved me for the 2-code.</u> <u>would you be able to tell me the reason or reasons</u> <u>for the approval? and</u> <u>I deeply appreciate your time.</u> | | | |
| 9. Response: (This Section for Staff Response Only) <u>Primary reason was your continued need for Mental Health</u> <u>treatment and counseling</u> | | | |
| To DC-14 CAR only <input type="checkbox"/> | | To DC-14 CAR and DC-15 IRS <input type="checkbox"/> | |

Staff Member Name

F. CAMPOPIANO
PrintJ. Campopiano UM
Sign

Date

4/28/05